



**Virginia Statewide Trauma Registry
Mandatory Minimum Dataset
List of Data Elements and Values/Fields
Effective January 1, 2013
(non-designated version)**

Support or Questions (new contact info!)

Online: <http://oemssupport.kayako.com/>

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New Element?	Element Name	Available Values
	Common Not Value	Not Applicable
	Common Not Value	Not Known/Not Recorded
No	Demographic_01 – Patient’s Home ZIP Code	Relevant five digit code (+4 not collected)
No	Demographic_02 – Patient’s Home Country	Two-digit alpha country code (i.e. US)
No	Demographic_03 – Patient’s Home State	Two-digit numeric GNIS Code (i.e. Virginia is 51)
No	Demographic_04 – Patient’s Home County/City	Valid Virginia county or city name
No	Demographic_05 – Patient’s Home Town	Unincorporated Virginia Town i.e. Glen Allen
No	Demographic_06 – Alternate Home Address	[Blank]
	Demographic_06 – Alternate Home Address	Homeless
	Demographic_06 – Alternate Home Address	Undocumented Citizen
	Demographic_06 – Alternate Home Address	Migrant Worker
	Demographic_06 – Alternate Home Address	Foreign Visitor
No	Demographic_07 – Patient’s Date of Birth	Patient's date of birth
No	Demographic_08 - Age	Max 3 digit number for years, months etc.
No	Demographic_09 – Age Units	Hours
	Demographic_09 – Age Units	Days
	Demographic_09 – Age Units	Months
	Demographic_09 – Age Units	Years
No	Demographic_10 - Race	Asian
	Demographic_10 - Race	Native Hawaiian or Other Pacific Islander
	Demographic_10 - Race	Other Race
	Demographic_10 - Race	American Indian or Alaska Native
	Demographic_10 - Race	Black or African American
	Demographic_10 - Race	White
Yes	Demographic_11 – Ethnicity	Hispanic or Latino
	Demographic_11 – Ethnicity	Not Hispanic or Latino
No	Demographic_12 - Gender	Male
	Demographic_12 - Gender	Female
No	Demographic_13 - Medical Record Number (MRN)	Alphanumeric value
No	Demographic_14 - Last Name	Alpha characters only / string value
No	Demographic_15 - First Name	Alpha characters only / string value

New Element?	Element Name	Available Values
No	Demographic_16 - Patient Street Address	Alphanumeric
No	Diagnosis_02 – Injury Diagnosis	Valid ICD-9-CM/ICD-10 code value (see inclusion criteria)
No	ED/Hospital_01 – ED/Hospital Arrival Date	Valid date
No	ED/Hospital_02 – ED/Hospital Arrival Time	Valid time
No	ED/Hospital_03 – Initial ED/Hospital SBP (Systolic Blood Pressure)	Valid integer
Yes	ED/Hospital_04 – Initial ED/Hospital Heart Rate	Valid integer
Yes	ED/Hospital_05 – Initial ED/Hospital Temperature	Valid integer
No	ED/Hospital_06 – Initial ED/Hospital Respiratory Rate	Valid integer
Yes	ED/Hospital_07 – Initial ED/Hospital Respiratory Assistance	Unassisted Respiratory Rate
	ED/Hospital_07 – Initial ED/Hospital Respiratory Assistance	Assisted Respiratory Rate
Yes	ED/Hospital_08 – Initial ED/Hospital Pulse Oximetry	Valid integer
Yes	ED/Hospital_09 – Initial ED/Hospital Supplemental Oxygen	No Supplemental Oxygen
	ED/Hospital_09 – Initial ED/Hospital Supplemental Oxygen	Supplemental Oxygen
No	ED/Hospital_10 – Initial ED/Hospital Glasgow Coma Score - Eye	No eye movement when assessed (All Age Groups)
	ED/Hospital_10 – Initial ED/Hospital Glasgow Coma Score - Eye	Opens Eyes to painful stimulation (All Age Groups)
	ED/Hospital_10 – Initial ED/Hospital Glasgow Coma Score - Eye	Opens Eyes to verbal stimulation (All Age Groups)
	ED/Hospital_10 – Initial ED/Hospital Glasgow Coma Score - Eye	Opens Eyes spontaneously (All Age Groups)
No	ED/Hospital_11 – Initial ED/Hospital Glasgow Coma Score - Verbal	No verbal/vocal response (All Age Groups)
	ED/Hospital_11 – Initial ED/Hospital Glasgow Coma Score - Verbal	Incomprehensible sounds (>2 Years); Inconsolable, agitated
	ED/Hospital_11 – Initial ED/Hospital Glasgow Coma Score - Verbal	Inappropriate words (>2 Years); Inconsistently consolable, moaning
	ED/Hospital_11 – Initial ED/Hospital Glasgow Coma Score - Verbal	Confused (>2 Years); Cries but is consolable, inappropriate interactions
	ED/Hospital_11 – Initial ED/Hospital Glasgow Coma Score - Verbal	Oriented (>2 Years); Smiles, oriented to sounds, follows objects, interacts
No	ED/Hospital_12 – Initial ED/Hospital Glasgow Coma Score - Motor	No Motor Response (All Age Groups)
	ED/Hospital_12 – Initial ED/Hospital Glasgow Coma Score - Motor	Extension to pain (All Age Groups)
	ED/Hospital_12 – Initial ED/Hospital Glasgow Coma Score - Motor	Flexion to pain (All Age Groups)
	ED/Hospital_12 – Initial ED/Hospital Glasgow Coma Score - Motor	Withdrawal from pain (All Age Groups)

New Element?	Element Name	Available Values
	ED/Hospital_12 – Initial ED/Hospital Glasgow Coma Score - Motor	Localizing pain (All Age Groups)
	ED/Hospital_12 – Initial ED/Hospital Glasgow Coma Score - Motor	Obeys commands (>2Years); Appropriate response to stimulation
No	ED/Hospital_13 – Initial ED/Hospital Total Glasgow Coma Score	Valid integer
Yes	ED/Hospital_14 – Initial ED/Hospital Glasgow Coma Score - Qualifier	Patient Chemically Sedated
	ED/Hospital_14 – Initial ED/Hospital Glasgow Coma Score - Qualifier	Obstruction to the Patient's Eye
	ED/Hospital_14 – Initial ED/Hospital Glasgow Coma Score - Qualifier	Patient Intubated
	ED/Hospital_14 – Initial ED/Hospital Glasgow Coma Score - Qualifier	Valid GCS: Patient was not sedated, not intubated and no eye obstruction
No	ED/Hospital_17 – Alcohol Use Indicator	No (not tested)
	ED/Hospital_17 – Alcohol Use Indicator	No (confirmed by test)
	ED/Hospital_17 – Alcohol Use Indicator	Yes (confirmed by test [trace levels])
	ED/Hospital_17 – Alcohol Use Indicator	Yes (confirmed by test [beyond legal limit])
Yes	ED/Hospital_18 – Drug Use Indicator	No (not tested)
	ED/Hospital_18 – Drug Use Indicator	No (confirmed by test)
	ED/Hospital_18 – Drug Use Indicator	Yes (confirmed by test [prescription drug])
	ED/Hospital_18 – Drug Use Indicator	Yes (confirmed by test [illegal use drug])
No	ED/Hospital_19 – ED Discharge Disposition	Floor bed (general admission, non-specialty unit bed)
	ED/Hospital_19 – ED Discharge Disposition	Observation unit (unit that provides < 24 hour stays)
	ED/Hospital_19 – ED Discharge Disposition	Telemetry/step-down unit (less acuity than ICU)
	ED/Hospital_19 – ED Discharge Disposition	Home with services
	ED/Hospital_19 – ED Discharge Disposition	Died
	ED/Hospital_19 – ED Discharge Disposition	Other (jail, institutional care, mental health, etc.)
	ED/Hospital_19 – ED Discharge Disposition	Operating Room
	ED/Hospital_19 – ED Discharge Disposition	Intensive Care Unit (ICU)
	ED/Hospital_19 – ED Discharge Disposition	Home without services
	ED/Hospital_19 – ED Discharge Disposition	Left against medical advice
	ED/Hospital_19 – ED Discharge Disposition	Transferred to another hospital
Yes	ED/Hospital_20 – Signs of Life	Arrived at ED/hospital with NO signs of life

New Element?	Element Name	Available Values
	ED/Hospital_20 – Signs of Life	Arrived at ED/Hospital with signs of life
Yes	ED/Hospital_21 – ED Discharge Date	Valid date
Yes	ED/Hospital_22 – ED Discharge Time	Valid time
No	Financial_01 – Primary Method of Payment	Medicaid
	Financial_01 – Primary Method of Payment	Not Billed (for any reason)
	Financial_01 – Primary Method of Payment	Self Pay
	Financial_01 – Primary Method of Payment	Private/Commercial Insurance
	Financial_01 – Primary Method of Payment	No Fault Automobile
	Financial_01 – Primary Method of Payment	Medicare
	Financial_01 – Primary Method of Payment	Other Government
	Financial_01 – Primary Method of Payment	Workers Compensation
	Financial_01 – Primary Method of Payment	Blue Cross/Blue Shield
	Financial_01 – Primary Method of Payment	Other
No	Injury_01 – Injury Incident Date	Valid date
No	Injury_02 – Injury Incident Time	Valid time
No	Injury_03 – Work-Related	Yes
	Injury_03 – Work-Related	No
Yes	Injury_04 – Patient’s Occupational Industry	Finance, Insurance, and Real Estate
	Injury_04 – Patient’s Occupational Industry	Manufacturing
	Injury_04 – Patient’s Occupational Industry	Retail Trade
	Injury_04 – Patient’s Occupational Industry	Transportation and Public Utilities
	Injury_04 – Patient’s Occupational Industry	Agriculture, Forestry, Fishing
	Injury_04 – Patient’s Occupational Industry	Professional and Business Services
	Injury_04 – Patient’s Occupational Industry	Education and Health Services
	Injury_04 – Patient’s Occupational Industry	Construction
	Injury_04 – Patient’s Occupational Industry	Government
	Injury_04 – Patient’s Occupational Industry	Natural Resources and Mining
	Injury_04 – Patient’s Occupational Industry	Information Services
	Injury_04 – Patient’s Occupational Industry	Wholesale Trade
	Injury_04 – Patient’s Occupational Industry	Leisure and Hospitality
	Injury_04 – Patient’s Occupational Industry	Other Services

New Element?	Element Name	Available Values
Yes	Injury_05 – Patient’s Occupation	Business and Financial Operations Occupations
	Injury_05 – Patient’s Occupation	Architecture and Engineering Occupations
	Injury_05 – Patient’s Occupation	Community and Social Services Occupations
	Injury_05 – Patient’s Occupation	Education, Training, and Library Occupations
	Injury_05 – Patient’s Occupation	Healthcare Practitioners and Technical Occupations
	Injury_05 – Patient’s Occupation	Protective Service Occupations
	Injury_05 – Patient’s Occupation	Building and Grounds Cleaning and Maintenance
	Injury_05 – Patient’s Occupation	Sales and Related Occupations
	Injury_05 – Patient’s Occupation	Farming, Fishing, and Forestry Occupations
	Injury_05 – Patient’s Occupation	Installation, Maintenance, and Repair Occupations
	Injury_05 – Patient’s Occupation	Transportation and Material Moving Occupations
	Injury_05 – Patient’s Occupation	Management Occupations
	Injury_05 – Patient’s Occupation	Computer and Mathematical Occupations
	Injury_05 – Patient’s Occupation	Life, Physical, and Social Science Occupations
	Injury_05 – Patient’s Occupation	Legal Occupations
	Injury_05 – Patient’s Occupation	Arts, Design, Entertainment, Sports, and Media
	Injury_05 – Patient’s Occupation	Healthcare Support Occupations
	Injury_05 – Patient’s Occupation	Food Preparation and Serving Related
	Injury_05 – Patient’s Occupation	Personal Care and Service Occupations
	Injury_05 – Patient’s Occupation	Office and Administrative Support Occupations
	Injury_05 – Patient’s Occupation	Construction and Extraction Occupations
	Injury_05 – Patient’s Occupation	Production Occupations
	Injury_05 – Patient’s Occupation	Military Specific Occupations
No	Injury_06 – Primary E-Code Type	Integer Valid ICD9-CM (800-899)/ICD10 Code
No	Injury_09 – Injury E-Code Place	Integer Valid ICD9-CM (E849.X)/ICD10 Code
Yes	Injury_10 – Additional E-Code	Integer Valid ICD9-CM (E849.X)/ICD10 Code
No	Injury_12 - Incident Location ZIP Code	Relevant five digit code (+4 not collected)
No	Injury_14 - Incident State	Two-digit numeric GNIS Code (i.e. Virginia is 51)
No	Injury_15 - Incident County or City	Valid Virginia county or city name
No	Injury_16 - Incident Town (if applicable)	Unincorporated Virginia Town i.e. Glen Allen
No	Injury_17 - Use of Protective Devices/Safety Equipment	None

New Element?	Element Name	Available Values
	Injury_17 - Use of Protective Devices/Safety Equipment	Lap Belt Without Shoulder Belt
	Injury_17 - Use of Protective Devices/Safety Equipment	Personal Floatation Device
	Injury_17 - Use of Protective Devices/Safety Equipment	Protective Gear Non-Clothing (i.e. shin guards)
	Injury_17 - Use of Protective Devices/Safety Equipment	Eye Protection
	Injury_17 - Use of Protective Devices/Safety Equipment	Child Restraint (booster seat, child car seat)
	Injury_17 - Use of Protective Devices/Safety Equipment	Helmet Worn (e.g., bicycle, skiing, motorcycle)
	Injury_17 - Use of Protective Devices/Safety Equipment	Airbag Present
	Injury_17 - Use of Protective Devices/Safety Equipment	Protective Clothing (e.g., padded leather pants)
	Injury_17 - Use of Protective Devices/Safety Equipment	Lap Belt With Shoulder Belt
	Injury_17 - Use of Protective Devices/Safety Equipment	Other
No	Injury_19 - Airbag Deployment	Airbag Not Deployed
	Injury_19 - Airbag Deployment	Airbag Deployed Front
	Injury_19 - Airbag Deployment	Airbag Deployed Side
	Injury_19 - Airbag Deployment	Airbag Deployed Other (knee, Air belt, Curtain, etc.)
No	Organ_01 - Organs Donated	Heart
	Organ_01 - Organs Donated	Kidney
	Organ_01 - Organs Donated	Liver
	Organ_01 - Organs Donated	Cornea
	Organ_01 - Organs Donated	Pancreas
	Organ_01 - Organs Donated	Skin
	Organ_01 - Organs Donated	Bone
	Organ_01 - Organs Donated	Lung
	Organ_01 - Organs Donated	Other
	Organ_01 - Organs Donated	Refused
	Organ_01 - Organs Donated	Donated but specific donation not known
	Organ_01 - Organs Donated	Ineligible to Donate
No	Outcome_01 – Total ICU Length of Stay	Integer
Yes	Outcome_02 – Total Ventilator Days	Integer
No	Outcome_03 – Hospital Discharge Date	Valid Date
No	Outcome_04 – Hospital Discharge Time	Valid Time

New Element?	Element Name	Available Values
No	Outcome_05 – Hospital Discharge Disposition	Discharged/Transferred to a short-term general hospital for inpatient care
	Outcome_05 – Hospital Discharge Disposition	Discharged/Transferred to an Intermediate Care Facility (ICF)
	Outcome_05 – Hospital Discharge Disposition	Discharge/Transferred to home under care of organized home health service
	Outcome_05 – Hospital Discharge Disposition	Left against medical advice or discontinued care
	Outcome_05 – Hospital Discharge Disposition	Expired
	Outcome_05 – Hospital Discharge Disposition	Discharged home with no home services
	Outcome_05 – Hospital Discharge Disposition	Discharged/Transferred to Skilled Nursing Facility
	Outcome_05 – Hospital Discharge Disposition	Discharged/ Transferred to hospice care
	Outcome_05 – Hospital Discharge Disposition	Discharged/Transferred to another type of rehab or long-term care facility
No	Outcome_06 - Name of Facility Transferred To Code	Hospital Code (See hospital code list)
No	Prehospital_07 - Transport Method to Hospital	Ground - Ambulance
	Prehospital_07 - Transport Method to Hospital	Medevac/HEMS
	Prehospital_07 - Transport Method to Hospital	Air Medical-Fixed Wing
	Prehospital_07 - Transport Method to Hospital	Walk-in/Public Vehicle/Private Conveyance
	Prehospital_07 - Transport Method to Hospital	Police
	Prehospital_07 - Transport Method to Hospital	Other Not Listed
Yes	Prehospital_08 – Other/Additional Transport Method to Hospital	Ground - Ambulance
	Prehospital_08 – Other/Additional Transport Methods to Hospital	Medevac/HEMS
	Prehospital_08 – Other/Additional Transport Methods to Hospital	Air Medical-Fixed Wing
	Prehospital_08 – Other/Additional Transport Methods to Hospital	Police
	Prehospital_08 – Other/Additional Transport Methods to Hospital	Other Not Listed
No	Prehospital_17 – Interfacility Transfer	Yes
	Prehospital_17 – Interfacility Transfer	No
No	Prehospital_18 - Name of Facility Transferred From	Hospital Code (See hospital code list)
No	Prehospital_19 - Name of EMS Agency Received From	EMS Agency Code
Yes	Procedures_01 – Hospital Procedures	Valid ICD-9-CM IP/ICD-10 codes

Elements retired on 1/1/2014

New Element?	Element Name	Available Values
	Patient_ID (SSN, AIN)	
	Middle Name	
	Suffix	
	Personal Identification	
	Personal Identification Type	
	Address Line 1	
	Address Line 2	
	USA Phone	
	Extension	
	International Phone	
	Prehospital Care (level)	